

**SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:**

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
APR 21 2017

Date Stamp (received)  
Bayfield Co. Zoning Dept.  
TO APPLICANT.

Permit #:	17-0094
Date:	5-2-17
Amount Paid:	\$30 4-24-17
Refund:	\$45.00 Cash 205 4/28/17

**INSTRUCTIONS:** No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

Bayfield Co. Zoning Dep.  
ICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		JACK HANNECK			Mailing Address:		Telephone:	
Address of Property:		6590 HALL ROAD			City/State/Zip:		715-778-5710	
Contractor:		SELF			Contractor Phone:		Cell Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		JACK HANNECK			Agent Phone:		715-485-1489	
PROJECT LOCATION		W 1/2 W 1/2 SE 1/4			PIN: (23 digits) 04-004-245091340200020000		Recorded Document: (i.e. Property Ownership) Volume 787 Page(s) 495	
Legal Description (Use Tax Map)		Gov't Lot			CSM		Yol. & Page	
Section 13, Township 45 N, Range 9 W		Lot 9			Lot(s) No.		Block(s) No.	
Town of: BARNES		Distance Structure is from Shoreline: _____ feet			Subdivision:		Lot Size	
Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Yes—Continue → <input type="checkbox"/> No		Distance Structure is from Shoreline: _____ feet			Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shoreland → <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—Continue → <input type="checkbox"/> No		Distance Structure is from Shoreline: _____ feet			Acreage		40	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$534.83	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bids)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement <input type="checkbox"/> Foundation		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 44'	Width: 30'	Height: 13'
Proposed Construction:	Length: 20'	Width: 10'	Height: 3'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(      X      )	
		Residence (i.e. cabin, hunting shack, etc.)	(      X      )	
		with Loft	(      X      )	
		with a Porch	(      X      )	
		with (2 <sup>nd</sup> ) Porch	(      X      )	
		with a Deck	(      X      )	
		with (2 <sup>nd</sup> ) Deck	(      X      )	
		with Attached Garage	(      X      )	
		Bunkhouse w/ ( <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(      X      )	
	<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(      X      )
<input checked="" type="checkbox"/>		Addition/Alteration (specify) <u>Deck</u>	( 10 X 20 )	200
<input type="checkbox"/>		Accessory Building (specify) _____	(      X      )	
<input type="checkbox"/>		Accessory Building Addition/Alteration (specify) _____	(      X      )	
<input type="checkbox"/> Municipal Use				
Rec'd for Issuance				
	<input type="checkbox"/>	Special Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Other: (explain) _____	(      X      )	

**Secretarial Staff**  
 I (we) am (are) in a position of confidential information (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

11-11-15

Owner(s): W. J. HANLEY  
(if there are Multiple Owners, listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 4-19-17

Authorized Agent: [Signature]

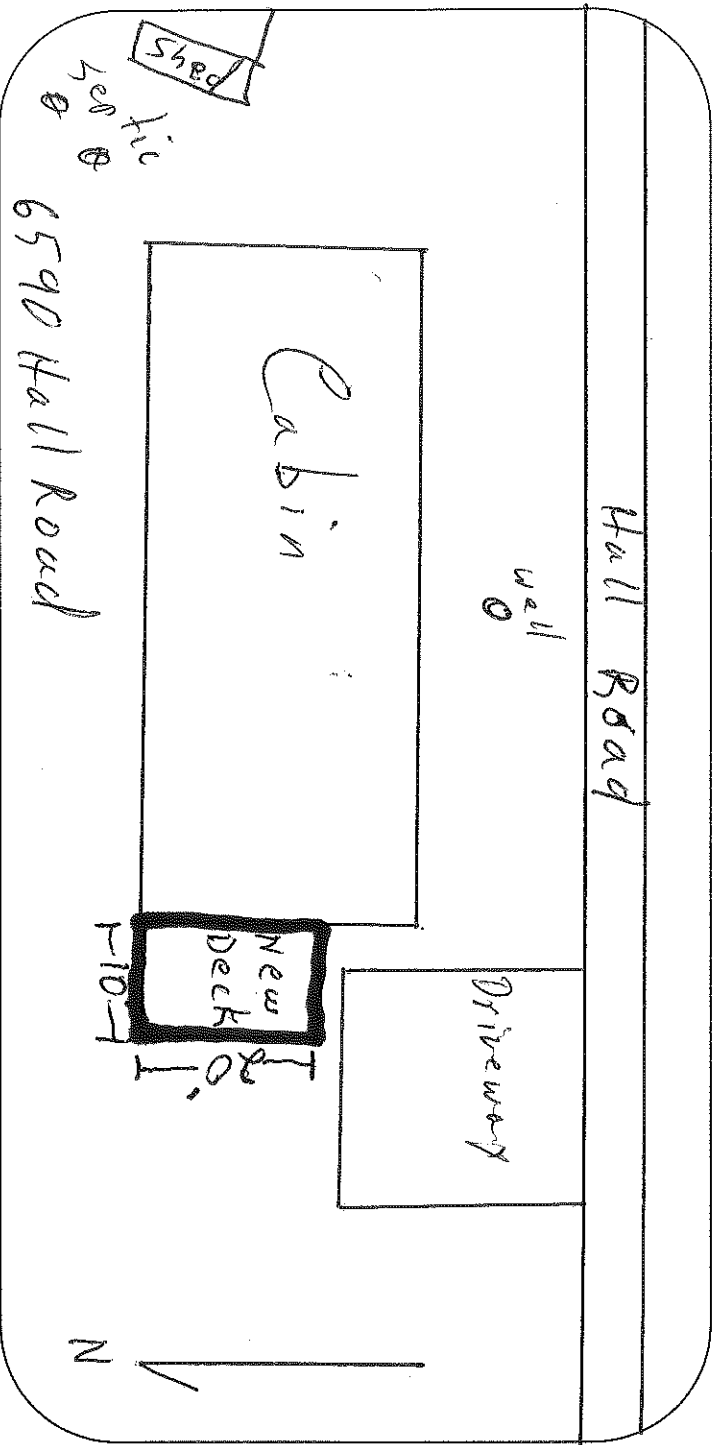
Date 7-29-11

Address to send permit 11430 Skyline Dr. Spring Valley, WY 83436

Copy of Tax Statement  
59767  
If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- |                           |  |
|---------------------------|--|
| (1) Show Location of:     | Proposed Construction  |
| (2) Show / Indicate:      | North (N) on Plot Plan   |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road)  |
| (4) Show:                 | All Existing Structures on your Property   |
| (5) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*):         | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (7) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%   |



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	110 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	33 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	> 1000' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Road Feet	Setback from Wetland	Feet
Setback from the West Lot Line	170 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	30 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	NA Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 367573	# of bedrooms: 2	Sanitary Date: 6/5/01	
Permit Denied (Date):	Reason for Denial:				
Permit #: 17-0093	Permit Date: 5-8-17				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	Mitigation Required	<input checked="" type="checkbox"/> Yes	Affidavit Required	<input checked="" type="checkbox"/> Yes
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	Mitigation Attached	<input checked="" type="checkbox"/> Yes	Affidavit Attached	<input checked="" type="checkbox"/> Yes
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes		
Granted by Variance (B.O.A.)	Case #: NA		Case #: NA		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: Project location as represented by property owner appears to identify a code compliant location. OK to issue LV permit.		Zoning District (R2-1) takes Classification ( -- )			
Date of Inspection: 4/28/2017	Inspected by: Robert Schriener	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
Signature of Inspector: [Signature]					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 4/28/2017	

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 367593  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0093** Issued To: **Jack Hannack**

W ½ of W ½ of  
Location: **SE** ¼ of - ¼ Section **13** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Addition / Alteration: [ 1- Story; Deck (10' x 20') = 200 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**May 2, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp APR 24 2017  
Bayfield Co. Zoning Dept.

Permit #: 17-0095  
Date: 5-2-17  
Amount Paid: \$100 426-17  
Refund:

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: <b>EARL LINDA GREGOIRE</b>		Mailing Address: <b>P.O. Box 39</b>		City/State/Zip: <b>IRON RIVER, WI 54847</b>		Telephone: <b>715-795-2318</b>			
Address of Property: <b>5320 EIGHT MILE LAKE ROAD</b>		City/State/Zip: <b>BARNES, WI 54873</b>		Contractor Phone: <b>715-795-2318</b>		Plumber: <b></b>		Plumber Phone: <b></b>	
Contractor: <b>EARL GREGOIRE</b>		Agent Phone: <b></b>		Agent Mailing Address (include City/State/Zip): <b></b>					
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No							
PROJECT LOCATION <b>SE 1/4, SW 1/4</b>		Legal Description: (Use Tax Statement) <b>3308</b>		Tax ID# (4-5 digits) <b>3308</b>		Document #: <b></b>		Recorded Deed (i.e. # assigned by Register of Deeds) <b></b>	
Section <b>35</b> , Township <b>46</b> N, Range <b>9</b> W		Town of: <b>BARNES</b>		Lot(s) No. <b></b>		Block(s) No. <b></b>		Subdivision: <b></b>	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: <b></b> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage if yes---continue →		Distance Structure is from Shoreline: <b>19'</b> feet					

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 750.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>ST</b>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Loft		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with a Porch		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with a Deck		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> with Attached Garage		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Mobile Home (manufactured date)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Addition/Alteration (specify)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Accessory Building (specify)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Special Use: (explain)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Conditional Use: (explain)		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Other: (explain) <b>STAIRWAY ON SLOPE TO LAKE</b>		( <b>42' X 3'</b> )	<b>126 sq'</b>

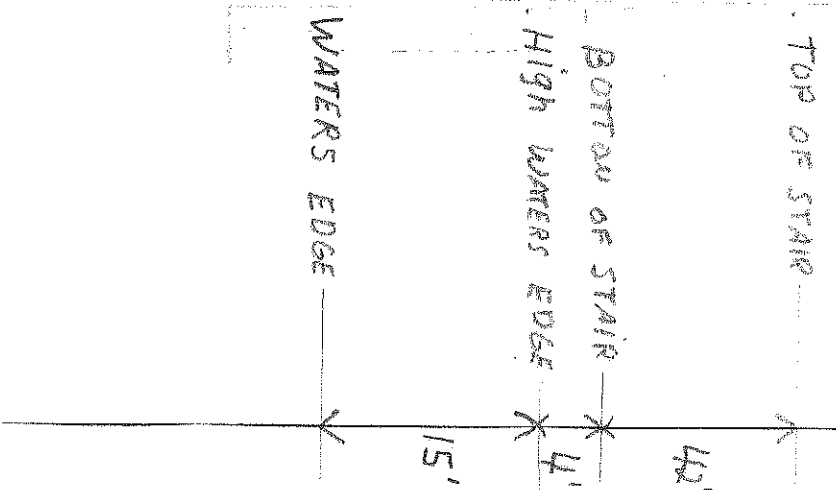
Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Earl Gregoire / Linda Gregoire Date 4/24/2017  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit P.O. Box 39, Iron River, WI 54847 Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	2500'	Setback from the Lake (ordinary high-water mark)	4'
Setback from the Established Right-of-Way	7500'	Setback from the River, Stream, Creek	—
		Setback from the Bank or Bluff	—
Setback from the North Lot Line	200'		
Setback from the South Lot Line	100'	Setback from Wetland	
Setback from the West Lot Line	75'	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	475'	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	80'	Setback to Well	100'
Setback to Drain Field	90'		
Setback to Privy (Portable, Composting)	—		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

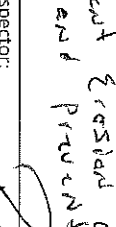
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>N4 (36750)</u>		# of bedrooms: <u>N4</u>		Sanitary Date: <u>N/A</u>	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>17-0095</u>		Permit Date: <u>5-2-17</u>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached	
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No		Case #: <u>N/A</u>		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: <u>N/A</u>	
Was Parcel legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Civil 1108</u> <input type="checkbox"/> No	
Inspection Record will be left in place. We want to leave the structure for access. Request as identified by home owner appears to identify a code compliant location. OK to issue LNO Permit.		Date of inspection: <u>4/28/2017</u>		Inspected by: <u>Robert Schirwen</u>		Zoning District (R3) Lakes Classification (3)	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Most use Best Management Practices and Minimize Land disturbing activity. Implement Erosion Control Practices to prevent material from traveling to Lake and prevent sedimentation.		Signature of Inspector: 		Date of Approval: <u>4/28/17</u>			
Hold For Sanitary: <input type="checkbox"/> <u>      </u>		Hold For TBA: <input type="checkbox"/> <u>      </u>		Hold For Affidavit: <input type="checkbox"/> <u>      </u>		Hold For Fees: <input type="checkbox"/> <u>      </u>	



illage, State or Federal  
Also Be Required

USE - X  
TARY -  
GN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0095** Issued To: **Earl & Linda Gregoire**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **35** Township **46** N. Range **9** W. Town of **Barnes**

Gov't Lot                      Lot **3**                      Block                      Subdivision                      CSM# **1108**

For: **Residential Other: [ Stairs to the Lake (42' x 3') = 126 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Must use best management practices and minimize land disturbing activity. Implement erosion control practices to prevent material from traveling to lake and prevent sedimentation.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**May 2, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 375-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN		ENTERED	
Permit #:	17-0096	Date:	5-2-17
Amount Paid:	\$100	Refund:	4-27-17

Bayfield Co. Zoning Dept

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Still K Claessens</u>	Mailing Address: <u>1835 Oak Ridge Dr. New Richmond WI</u>	City/State/Zip: <u>54017</u>	Telephone: _____
Address of Property: <u>Lake Rd (3480) Lake Rd</u>	City/State/Zip: <u>Barnes, WI</u>	Cell Phone: <u>715 760-0770</u>	Plumber Phone: _____
Contractor: <u>Self</u>	Contractor Phone: _____	Plumber: _____	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>744-20 1917</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1176</u> Page(s) <u>101</u>
<u>1/4, 1/4</u>	Gov't Lot <u>2</u> Lot(s) <u>3</u> CSM <u>1054</u> Vol & Page <u>6/396</u> Lot(s) No. _____ Block(s) No. _____	Subdivision: _____	
Section <u>09</u> , Township <u>44</u> N, Range <u>09</u> W	Town of: <u>Barnes</u>	Lot Size _____	Acres <u>3.86</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Distance Structure is from Shoreline: <u>5</u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$ 5,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>SI</u>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation				
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation					

Existing Structure: (If permit being applied for is relevant to it)	Length: <u>51'</u>	Width: <u>5'</u>	Height: <u>3'</u>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>  </u> X <u>  </u> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>  </u> X <u>  </u> )	
	with Loft	( <u>  </u> X <u>  </u> )	
	with a Porch	( <u>  </u> X <u>  </u> )	
	with (2 <sup>nd</sup> ) Porch	( <u>  </u> X <u>  </u> )	
	with a Deck	( <u>  </u> X <u>  </u> )	
	with (2 <sup>nd</sup> ) Deck	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( <u>  </u> X <u>  </u> )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( <u>  </u> X <u>  </u> )	
	Mobile Home (manufactured date) _____	( <u>  </u> X <u>  </u> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	
	Accessory Building (specify) _____	( <u>  </u> X <u>  </u> )	
	Accessory Building Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	
Rec'd for Issuance <input type="checkbox"/>	Special Use: (explain) _____	( <u>  </u> X <u>  </u> )	
	Conditional Use: (explain) _____	( <u>  </u> X <u>  </u> )	
MAY 01 2017	Other: (explain) <u>stairway to Lake</u>	( <u>51</u> X <u>5</u> )	<u>155</u>

I, David A. Claessens, (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the truth and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) David A. Claessens Still K Claessens Date 7/28/17  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

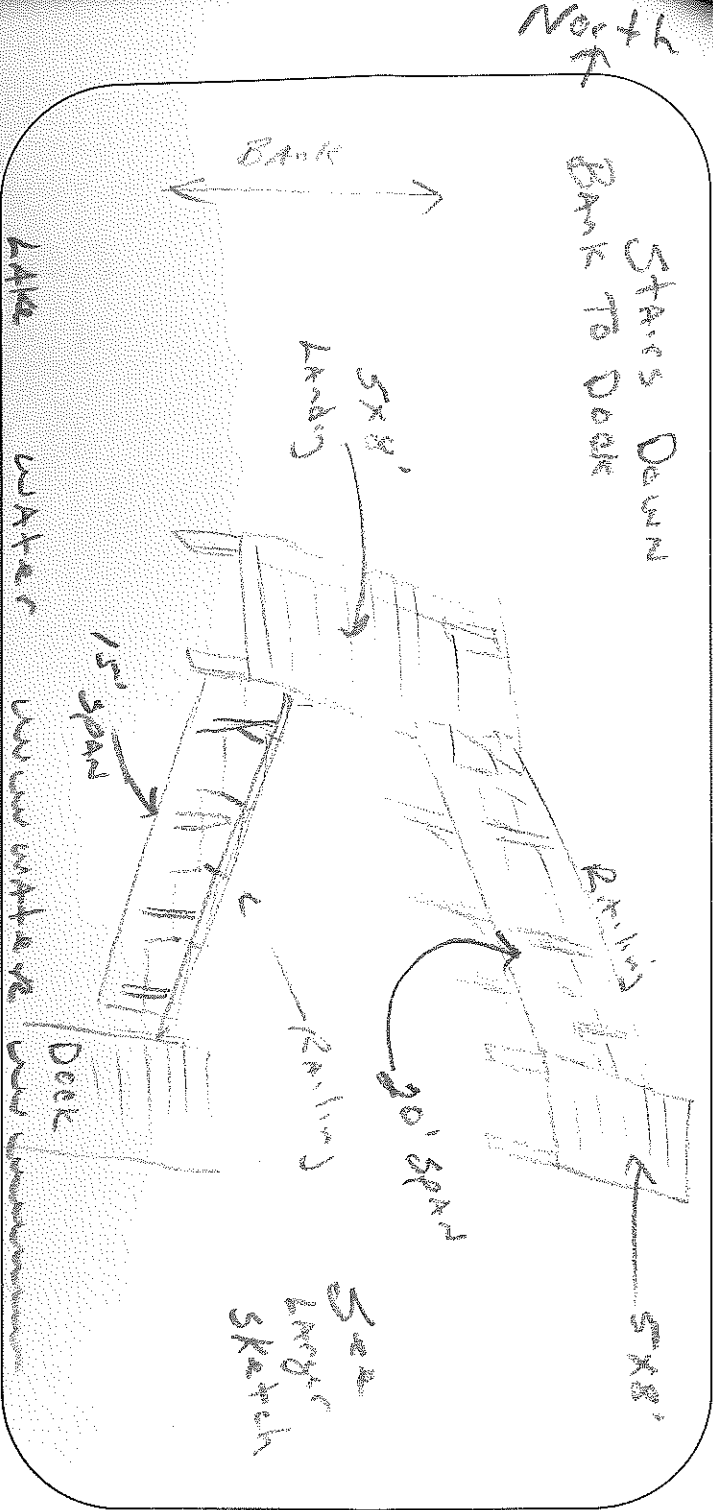
Address to send permit \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
Attach  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0094	Permit Date: 5-2-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	NA
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	NA	Case #:	NA	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: Strip back to Lake Project location as represented by homeowner appears to identify code compliant location. OK to issue Land Use Permit.						
Date of Inspection: 4/28/2017	Inspected by: Robert Schirman	Zoning District: R-1/3				
Conditions(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)						
Most use Best Management Practices to minimize land disturbing activity and implement erosion control practices to keep material out of lake and prevent sedimentation.						
Signature of Inspector: [Signature]		Date of Approval: 4/28/17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0096** Issued To: **David Schmelter & Jill Classens**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **9** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **3** Block Subdivision CSM# **1054**

For: **Residential Other: [ Stairs to the Lake (51' x 5') = 155 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Must use best management practices and minimize land disturbing activity. Implement erosion control practices to prevent material from traveling to lake and prevent sedimentation.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**May 2, 2017**

Date